

<i>SERFF Tracking Number:</i>	<i>MUTM-127289969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>49153</i>
<i>Company Tracking Number:</i>	<i>KELLY KRUMWIED</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Long Term Care Advertising - ML11801_0311</i>		
<i>Project Name/Number:</i>	<i>Long Term Care Advertising /ML11801_0311</i>		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-127289969 State: Arkansas
ML11801_0311

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed-Closed State Tr Num: 49153

Sub-TOI: LTC03I.001 Qualified Co Tr Num: KELLY KRUMWIED State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Harris Shearer, Stephanie Fowler

Author: Kelly Krumwied Disposition Date: 07/19/2011

Date Submitted: 06/28/2011 Disposition Status: Filed-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Long Term Care Advertising

Project Number: ML11801_0311

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/19/2011

State Status Changed: 07/19/2011

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

NAIC #: 261-71412

FEIN #: 47-0246511

Mutual of Omaha Insurance Company

Long-Term Care Advertising

ML11801_0311

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

SERFF Tracking Number: MUTM-127289969 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 49153
Company Tracking Number: KELLY KRUMWIED
TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified
Product Name: Long Term Care Advertising - ML11801_0311
Project Name/Number: Long Term Care Advertising /ML11801_0311

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Corporate Compliance and Ethics Division
For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

kk

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Mutual of Omaha 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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Product Name: Long Term Care Advertising - ML11801_0311
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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	06/28/2011	49181509

SERFF Tracking Number:	MUTM-127289969	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/19/2011	07/19/2011

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<i>Company Tracking Number:</i>	<i>KELLY KRUMWIED</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Long Term Care Advertising - ML11801_0311</i>		
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Disposition

Disposition Date: 07/19/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Filed-Closed	Yes
Form	Letter	Filed-Closed	Yes

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Form Schedule

Lead Form Number: ML11801_0311

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-	ML11801_0	Advertising Letter	Initial		0.000	ML11801_03
Closed	311					11.pdf
07/19/2011						

Introducing a New Employee Benefit

We're pleased to announce the addition of long-term care insurance to our employee benefits program. Soon, you will have the opportunity to apply for a long-term care insurance policy on a **voluntary basis**. The cost for this coverage is lower than if you were to purchase this long-term care insurance policy outside the workplace.

This insurance also is being made available to your extended family members. They will have the opportunity to apply for coverage and may be eligible to receive this coverage at the same premium as you.

We know how hard you work to build your savings and plan for retirement. We also know that a long-term illness or injury may put those plans in jeopardy. Typically, health insurance, disability insurance and Medicare do not cover these types of long-term care services.

That's why we've invited a representative from Mutual of Omaha Insurance Company to talk to our employees about long-term care insurance. This is your opportunity to learn more about the program and ask questions. Then if you are interested in applying for coverage, you can schedule a no-obligation, one-on-one consultation with our Mutual of Omaha agent.*

[Agent Name] • [Agent Phone Number] • [Agent E-mail Address]

We value your contribution to the success of our company, and we're pleased to make this new employee benefit available to you.

Sincerely,

[Employer Name]

[Title]

P.S. Watch for the date and time of our long-term care information session to be announced soon.

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. [1-800-776-6000]

Policy forms LTC09M-5ML, LTC09M-10ML (or state equivalent). In ID: LTC09M-5ML-ID, LTC09M-10ML-ID. In NC: LTC09M-5ML-NC, LTC09M-10ML-NC. In OK: LTC09M-5ML-OK, LTC09M-10ML-OK. In OR: LTC09M-5ML-OR, LTC09M-10ML-OR. In PA: LTC09M-5ML-PA, LTC09M-10ML-PA. In WA: LTC09M-5ML-WA, LTC09M-10ML-WA. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write the company. This is a solicitation of insurance. You may be contacted by telephone by an insurance agent.*

ML11801_0311

The long-term care benefits provided will be individual coverage, not group coverage.

*In WA, all references to agent should be replaced with producer.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Memorandum of Variability	Filed-Closed	07/19/2011
Comments:			
Attachment:			
VM-ML11801_0311.pdf			

VARIABLE MATERIAL FOR ADVERTISING FORM ML11801_0311

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
Middle of page,[Agent Name] [Agent Phone Number] [Agent Email]	Agent name sending the letter. Agent Phone Number will be the agent's phone number. Agent Email will be the agent's email address.
After sincerely, [Employer Name] [Title]	This will be the employer name and title of the person sending the letter
End of the underwriter information [1-800-775-6000]	The phone number is variable in case it changes in the future.